

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91166 001 *****8.75
04-21-2003 91166 002 ***150.00

DOCUMENT # P01000069884

1. Entity Name
JRM OF HILLSBOROUGH, INC.



Principal Place of Business
**7805 PROFESSIONAL PLACE
SUITE B
TAMPA FL 33637
US**

Mailing Address
**7805 PROFESSIONAL PLACE
SUITE B
TAMPA FL 33637
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3730115**

Applied For
Not Applicable

5. Certificate of Status Desired. ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAHIQUEZ, LUIS F
13203 SPINDLEWYCK COVE
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name

Luis F. Mahiquez

Street Address (P.O. Box Number is Not Acceptable)

201 12th Ave. E

City

Palmetto

FL

Zip Code
34221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MAHIQUEZ, LUIS F**
STREET ADDRESS **13203 SPINDLEWYCK COVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME **D ROBERTSON, MARGARET A**
STREET ADDRESS **11012 SOUTHWALK LANE**
CITY-ST-ZIP **RALEIGH NC 27614**

TITLE ☐ Delete
NAME **D JEAN, HENRI V**
STREET ADDRESS **530 LAFAYETTE BLVD**
CITY-ST-ZIP **OLDMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 12th Ave. E**
CITY-ST-ZIP **Palmetto, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS F. MAHIQUEZ

Date

Daytime Phone #

813-267-8552

CR2E034 (10/02)